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FORM D

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Expires: May 31, 2005
Estimated average burden
hours per response... I



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix Serial						
DA1	TE RECEI	VED				

·	
Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) 3PLAINS CORP., Non-Brokered Private Placement up to 1,000,000 Shares at \$1.00 U.S. Per Share	EC N SECEIVED
Filing Under (Check box(es) that apply): [X] Rule 504 [] Rule 505 [] Rule 506 [] Section 4(6) [] UL	OE WAR 1 5 200
Type of Filing: [X] New Filing [] Amendment	
A. BASIC IDENTIFICATION DATA	The state of the s
1. Enter the information requested about the issuer Name of Issuer (] check if this is an amendment and name has changed, and indicate change.)	V. 185 /8
3PLAINS CORP.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Address of Executive Offices)	Area Code)
Suite 138 - 13777 Commerce Parkway (604) 304-0973	
Richmond, British Columbia CANADA V6V 2X3	LUCARA
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if Telephone Number (Including Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if Telephone Number (Including Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if Telephone Number (Including Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if Telephone Number (Including Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if Telephone Number (Including Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if Telephone Number (Including Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if Telephone Number (Including Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if Telephone Number (Including Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if Telephone Number (Including Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if Telephone Number (Including Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if Telephone Number (Including Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if Telephone Number and Street, City, State, Zip Code) (if Telephone Number and Street, City, State, Zip Code) (if Telephone Number and Street, City, State, Zip Code) (if Telephone Number and Street, City, State, Zip Code) (if Telephone Number and Street, City, State, Zip Code) (if Telephone Number and Street, City, State, Zip Code) (if Telephone Number and Street, City, State, Zip Code) (if Telephone Number and Street, City, State, Zip Code) (if Telephone Number and Street, City, State, Zip Code) (if Telephone Number and Street, City, State, Zip Code) (if Telephone Number and Street, City, State, Zip Code) (if Telephone Number and Street, City, State, Zip Code) (if Telephone	Area Code) MAR 1820
D.CD.	— TRIOMISON
Brief Description of Business	FINANCIAL
The Issuer delivers 3D visualization products that communicate technical information vital to human per- to industries where the cost of error is high. For example, we have developed an interactive 3D model of t	
will be used to visually demonstrate how to repair the landing gear. Applications are numerous; however,	
on meeting the growing demand for 3D visualization products in Aviation, Defense, Emergency Services a	
Type of Business Organization	inu rechincai rraues.
[X] corporation [] limited partnership, already formed [] other (please specify):	
[] business trust [] limited partnership, to be formed	
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 3 2 0 0 4 [x] Actual	[] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for CN - Canada Bus	siness Corporations
State: CN for Canada; FN for other foreign jurisdiction Act	•
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq.
or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is de-	samed filed with the ITS
Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given bel	
address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address	*
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	•
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any co	opies not manually signed
must be photocopies of manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only report the name of the	
changes thereto, the information requested in Part C, and any material changes from the information previously supplied in	Parts A and B. Part E and
the Appendix need not be filed with the SEC.	
Filing Fee: There is no federal filing fee. State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities	s in those states that have
adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities A	
where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exer	
amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. Th	ne Appendix in the notice
constitutes a part of this notice and must be completed.	
ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal examption. Conversely failure to file the appropriate states will not result in a loss of the federal examption.	onriate federal notice will

not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6/99)

Page I of 8

A. DASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity
securities of the issuer;
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
• Each general and managing partner of partnership issuers.
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [X] Director [] General/Managing Partner
Full Name (Last name first, if individual)
WILLIAM D. DUMMER
Business or Residence Address (Number and Street, City, State, Zip Code)
Suite 138 - 13777 Commerce Parkway, Richmond, British Columbia V6V 2X3
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [X] Director [] General/Managing Partner
Full Name (Last name first, if individual)
MARK DOSTIE
Business or Residence Address (Number and Street, City, State, Zip Code)
Suite 138 – 13777 Commerce Parkway, Richmond, British Columbia V6V 2X3
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [] Director [] General/Managing Partner
Full Name (Last name first, if individual)
TOM KLEIN
Business or Residence Address (Number and Street, City, State, Zip Code)
Suite 138 – 13777 Commerce Parkway, Richmond, British Columbia V6V 2X3
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [X] Director [] General/Managing Partner
Full Name (Last name first, if individual)
DON DURAND
Business or Residence Address (Number and Street, City, State, Zip Code)
Suite 138 - 13777 Commerce Parkway, Richmond, British Columbia V6V 2X3
Check Box(es) that Apply: [] Promoter [] Beneficial Owner X Executive Officer X Director [] General/Managing Partner
Full Name (Last name first, if individual)
JOHN R. PREHM
Business or Residence Address (Number and Street, City, State, Zip Code)
Suite 138 – 13777 Commerce Parkway, Richmond, British Columbia V6V 2X3
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General/Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General/Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [] Director [] General/Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet as necessary)

				B. II	NFORM	ATION A	BOUT O	FFERING	3			
1. Has the	issuer sold,	or does the	issuer inte	nd to sell,	to non-acci	edited inve	stors in thi	s offering?			Yes	No
2. What is	the minimur	n investme	ent that will	he accente	Ar Ar from ans	rswer also i Lindividual	in Appendi: 12	x, Column	2, if filing	under ULO	E. [X]	[] N/A.
			on alut min	oo accepii	, a 11 0 111 u.i.)	marriada	•••••••	************		•••••	Yes	No
	offering pe											[X]
emunerati	on for solic	on reques	ted for eac ourchasers	n person in connect	wno nas t ion with sa	deen or will les of secu	II be paid irities in th	or given,	directly or If a person	indirectly, to be liste	any commi d is an asso	ission or simi. ociated person
agent of a	broker or de	aler registe	ered with th	ie SEC and	d/or with a	state or sta	tes, list the	name of the	ie broker o	r dealer. If i	nore than fi	ve (5) persons
	e associated (Last name			ker or dea	ler, you ma	y set forth	the informa	tion for the	it broker of	dealer only	<u>'. </u>	
Tull INAMILE	(Last name	iiist, ii iiid	ividuai)									
Business o	r Residence	Address (1	Number and	Street, Ci	ty, State, Z	ip Code)	1					
Name of A	ssociated Br	oker or De	ealer	·-···								
	hich Person	Listed Ha	s Solicited	or Intends	to Solicit F	urchasers	(Check "Al	l States" or	check indi	vidual State	s) ~ Ali Sta	tes
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[11]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
uii Name	(Last name	tirst, it ind	ividual)									
usiness or	r Residence	Address (N	Number and	Street, Ci	ty, State, Z	ip Code)						
lame of A	ssociated Br	oker or De	aler			·			•			·
tates in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit F	urchasers ((Check "Al	1 States" or	check indi	vidual State	s) ~ All Sta	tes
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
ull Name	(Last name i	first, if indi	ividual)									
usiness or	Residence	Address (N	lumber and	Street, Ci	ty, State, Z	ip Code)		· <u></u>			. ,	
ame of As	ssociated Bro	oker or De	aler									
	hich Person											
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] (Last name f	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
usiness or	Residence	Address (N	lumber and	Street, Cit	y, State, Z	ip Code)						
	sociated Bro											
	hich Person											
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box "and indicate in the columns			
	below the amounts of the securities offered for exchange and already exchanged.	Aggregate		Amount
	Type of Security	Offering Price		Already Sold
	Debt	_\$0		_\$0
	Equity	\$204,700		\$204,700
	[X] Common [] Preferred			
	Convertible Securities (including warrants)	\$0		\$0
	Partnership Interests	\$0		\$0
	Other (Specify)	\$0		\$0
	Total	\$0		\$0
	Answer also in Appendix, Column 3, if filing under ULOE.	•		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount Of Purchases
	Accredited Investors	1		\$80,000
	Non-accredited Investors	12		\$124,700
	Total (for filings under Rule 504 only)	13		\$204,700
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Rule 505 Regulation A	Type of Security NIL NIL		Dollar Amount Sold \$ NIL \$ NIL
	Rule 504	Common Stock		\$204,700
	Total	Common Stock	•	\$204,700
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		[]	
	Printing and Engraving Costs		[]	\$0
	Legal Fees		[X]	\$4,950.00
	Accounting Fees		[]	\$0
	Engineering Fees		[]	\$0
	Sales Commissions (plus warrants)		[]	\$0
	Other Expenses (identify): State Filing Fees		[X]	\$ 50.00
	Total	•••••	[X]	\$5,000.00

	C. OFFERING PRICE, NUMBER OF	INVESTORS EXPENS	ES A	ND USE OF P	ROCEF	ens
4.	b. Enter the difference between the aggregate response to Part C - Question 1 and total expenses fu C - Question 4.a.	offering price given in	EU A	USE OF F	NOCE	<i></i>
	This difference is the "adjusted gross proceeds to the	issuer."				\$199,700
5.	Indicate below the amount of the adjusted gross proce proposed to be used for each of the purposes shown. I purpose is not known, furnish an estimate and check t estimate. The total of the payments listed must equal to the issuer set forth in response to Part C - Question Salaries and fees	If the amount for any he box to the left of the the adjusted gross proceeds 4.b above.		Payments to Officers, Directors, & Affiliates \$30,800	_ {X]	Payments to Others \$102,350
	Purchase of real estate		[]	\$0	_ []	_\$0
	Purchase, rental or leasing and installation of ma and equipment		ſ١	\$0	[]	\$0
	Construction or leasing of plant buildings and fac			\$0	- []	\$0
	Acquisition of other businesses (including the v	alue of securities involved				
	in this offering that may be used in exchange fo			40		ro.
	another issuer pursuant to a merger)			\$0	_ []	\$0 \$0
	Working capital			\$0 \$0	_ [] _ [X]	\$66,550
	Other (specify):			\$0	- [^]	\$00,530 \$0
	Column Totals		[] [X]	\$30,800	- [X]	\$168,900
	Total Payments Listed (column totals adde		[AL]	[X] \$199	_ ` `	
	D. FE	DERAL SIGNATURE				
R	ne issuer has duly caused this notice to be signed ule 505, the following signature constitutes an unommission, upon written request of its staff, the resuant to paragraph (b)(2) of Rule 502.	dertaking by the issuer to	furnis	sh to the U.S.	Securitie	s and Exchange
ls	suer (Print or Type)	Signature	7		Date	
	PLAINS CORP.	DO	/			ry 25, 2005
N	ame of Signer (Print or Type)	Title of Signer (Print or	Type)			
D	ON DURAND	CHIEF OPERATIN	G OF	FICER		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations.
(See 18 U.S.C. 1001.)

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- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly signed person.

Issuer (Print or Type)	Signature	Date
3PLAINS CORP.	DO	February 25, 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)
DON DURAND	CHIEF OPERATING O	FFICER

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3			4		·	5
4	Intend t	o sell to credited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of in	vestor and hases in State -Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Shares of Common Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO CT									
DE							-		
DC									
FL									
GA									
HI									
ΙD									
IL									
IN									
IA									
KS									
KY LA								<u> </u>	
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OR									
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RI						 			ļ <u>.</u>
SC									ļ
SD								ļ	ļ
TN									
TX UT							<u> </u>	 	
VT									
VA					.			 	
••]					<u> </u>	L	

<u>-</u>				APP	ENDIX				
1		2	3		4			5	5
Intend to sell to non-accredited investors in State			Type of security and aggregate offering price offered in state		Type of in	Disqualification under State ULOI (if yes, attach explanation of waiver granted)			
	(Part B	-Item 1)	(Part C-Item 1)		(Part C-			(Part E-	Item I)
State	Yes	No	Shares of Common Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
*WA	Х		Shares of Common Stock at \$1.00 Per Share	i	\$80,000	12	\$124,700		X
ww					•				
WI									
WY									
PR ,		1	1				1	1	

^{*} State of Washington File No. 80026754 Effective November 30, 2004

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